

SECTION 1.0
INTRODUCTION

Established local and statewide surveillance systems are fundamental for detecting influenza or other novel respiratory virus activity, identifying circulating strains, and monitoring the burden of morbidity and mortality. For this plan, the term ‘Novel Virus Strain’ or ‘Novel Influenza’ includes avian or animal influenza or other novel respiratory virus strains that can affect humans (e.g. e.g. SARS-CoV-2/COVID-19, H1N1, MERS-CoV, SARS-1, etc.), and new or re-emergent human influenza strain that can cause cases or clusters of human disease. A few of the activities in this section may also apply to some situations when there are concerns about human influenza-like illness cases epidemiologically associated with birds infected with other highly pathogenic avian influenza (HPAI) or low pathogenic strains or other animals with influenza (e.g., dogs, horses, pigs) even though transmission to humans has been infrequently or never documented previously.

SECTION 2.0
OBJECTIVES

- Ensure early detection of cases and clusters of respiratory infections that might signal the presence of a novel influenza or other novel respiratory virus.
- If a novel strain of influenza or other novel respiratory virus is confirmed, ensure prompt and complete identification and reporting of potential cases to facilitate control and management of local outbreaks.
- Once a pandemic has been confirmed, monitor:
 - Changes in the circulating virus, including development of antiviral resistance.
 - Impact on human health by conducting an ongoing assessment of the morbidity and mortality.

SECTION 3.0
SURVEILLANCE FOR HUMAN INFECTION

The level of surveillance will depend on the global, regional, and local epidemiology of an influenza or other novel respiratory virus pandemic. Surveillance activities will be utilized within the framework of the pandemic phases (see section of plan that outlines the phases) as developed by the WHO. In addition, actions may be different if infections caused by a novel influenza or other respiratory virus occur in the United States or a neighbor country and depending on whether person-to-person spread is slow, limited or widespread. In conjunction with recommendations from other public health partners, such as the CDC or WHO, DPHSS will

provide updated guidance to medical providers on an ongoing basis. Activities outlined below will be contingent on local, national, and international influenza or other novel respiratory virus activity at the time.

The DPHSS Director is responsible for the overall direction and control of health-related personnel and resources committed to the control of an influenza or other novel respiratory diseases pandemic, including surveillance and related activities.

National Surveillance - In the US, national influenza and other novel respiratory virus surveillance is coordinated by the CDC, with state and county health departments assuming responsibility for virologic, mortality and morbidity components. For influenza or other novel respiratory diseases, these activities consist of:

- WHO Collaborating Laboratory Surveillance – approximately 70 labs report the number and type of influenza viruses isolated each week, as well as submits representative and unusual viral specimens to CDC for antigenic analysis.
- 121 Cities Influenza and Pneumonia Mortality System – Vital Statistics Offices of 121 US cities report on a weekly basis the percentage of total deaths caused by influenza and pneumonia.
- Sentinel Physicians Influenza-Like-Illness (ILI) Surveillance System – a voluntary national network of physicians and clinics that report number of patients presenting with ILI and total number of patient visits by age group each week.

International Surveillance - These activities are coordinated at CDC in collaboration with WHO. WHO maintains the Global Influenza Network and the Global Respiratory Disease Research to address influenza and other novel respiratory viruses.

Guam Surveillance - Routine surveillance activities on Guam are also part of the national monitoring system (items 1 and 2 below). The local Influenza Surveillance Coordinator currently is the Territorial Epidemiologist and Surveillance Team members (to be established as needed during outbreaks or pandemic situations) or designee (e.g. Emerging Infectious Disease Bureau and/or BCDC).

The current on-going activities include:

1. A sentinel syndromic surveillance network system that reports weekly influenza-like illnesses and other syndromes, the number of patients seen, and the number of patients admitted by age, sex and village (see note below).
2. Mandatory reporting by healthcare facilities of all reportable infectious diseases to the DPHSS is already required by law. Mandatory reporting to the DPHSS of possible outbreaks of influenza and other novel respiratory virus cases, as well as those in institutional settings, such as long-term care facilities, schools and prisons.

3. As part of the regional laboratory network, Guam Public Health Laboratory (GPHL) has the capacity to perform rapid testing for Influenza A and B.
4. Ongoing surveillance includes monitoring at all ports of entry for ill passengers (including novel respiratory viruses). These activities follow the Guam Communicable Disease Response Plans (CDRPs) for the airport and seaport (Appendix XX and YY).

SECTION 3.1

COMPONENTS OF SURVEILLANCE

Hospital/Healthcare Setting Surveillance

Healthcare-Associated Infections Outbreak Reporting

Acute care and long-term care facilities are required throughout the year to report any increased incidence in respiratory illness, including suspected and confirmed influenza or other novel respiratory disease outbreaks, to the Territorial Epidemiologist or designee.

Hospital data is vital during a pandemic. Protocols need to be developed for standard/uniform and secure email case and death reporting to DPHSS-OER & Surveillance Team during large outbreaks or pandemic situations.

Notes-All hospitals reporting on ESF8 needs to be standardized. Too much reporting from hospitals during the pandemic was done on WhatsApp (unsecure, violating HIPAA and open to hacking).

ROUTINE ASSESSMENT OF INFLUENZA OR OTHER NOVEL RESPIRATORY VIRUS ACTIVITY ON GUAM

Territorial Epidemiologist's Report: Current influenza activity level throughout the island is assessed weekly.

Both the local and regional influenza activity is shared with the healthcare providers (including DoD partners), Medical Examiners, and Office of Vital Statistics by means of the weekly surveillance report or by Physician Health Alerts and/or Press Releases, as appropriate,

Activity Level	ILI Activity/Outbreaks		Laboratory Data
No Activity	Low ILI activity	And	No Lab-confirmed cases
Sporadic	ILI activity increased above mean	And	Isolated Lab-confirmed case

Local	Increased ILI in one village	And	Recent (within the past three weeks) lab evidence of influenza in region with increased ILI
Regional	Increased ILI in \geq two villages in a single region*	And	Recent (within the past three weeks) lab confirmed influenza in the affected villages
Widespread	Increased ILI and/or institutional* * outbreaks (ILI OR lab confirmed) in more than one region.	And	Recent (within the past three weeks) lab-confirmed influenza in the island

*Regions include North, Central and South

** Institution means a school, government agency, business, etc.

ROUTINE MORTALITY SURVEILLANCE

Surveillance for Influenza and Pneumonia Deaths

As part of DPHSS surveillance system for pneumonia and influenza deaths, the DPHSS Office of Vital Statistics (OVS) provides the Territorial Epidemiologist or designee weekly reports of the total number of deaths and those with influenza or pneumonia listed as a contributing cause of death.

Death Certificates

All death certificates with either influenza or other novel respiratory viruses listed (1) as the immediate cause of death, (2) death due to or as a consequence of, or (3) as a significant condition contributing to death but not the immediate cause of death are forwarded weekly to the Territorial Epidemiologist or designee for review.

Note-work with OVS to better get a handle on all influenza deaths (routine).

SECTION 3.2

ENHANCED SURVEILLANCE ACTIVITIES DURING OUTBREAKS OR PANDEMIC SITUATIONS

Surveillance activities will be modified based on the phase and level of influenza or other novel respiratory virus activity. Following is a list of enhanced surveillance activities that could be initiated as needed throughout the phases of the pandemic.

Outpatient Surveillance

- Implement provider influenza or other novel respiratory virus case reporting as necessary during the Pandemic Alert and Pandemic Phases prior to the novel respiratory virus being identified on Guam. During the pandemic period after the virus has been identified on Guam providers may be asked to report cases of pandemic influenza or other novel respiratory virus with an unusual clinical presentation. It is not expected that provider individual case reporting will be a primary method for surveillance during the Pandemic Period.
- Implement enhanced disease surveillance at ports of entry to Guam (GIAA and PAG) following the Guam CDRPs, if an influenza or other novel respiratory virus pandemic begins outside the United States.

Hospital/Healthcare Facility Surveillance

- Modify hospitalization data reporting as necessary. Data collected and frequency of reporting can be adjusted as indicated to monitor any pandemic and ensure recommended surveillance and control measures are appropriate. It is anticipated that during widespread pandemic activity, hospitalization data will be the primary surveillance method used to assess severity of illness.
- DPHSS will collaborate and coordinate with acute care hospitals in doing active hospital-based surveillance, which may include specimen collection and virologic testing from a subset of patients.

Territorial Epidemiologist's and Surveillance Team Reporting

Current (routine) influenza activity level throughout the island will continue to be assessed weekly.

This weekly data assessment is shared with healthcare providers through the weekly surveillance report or Situation Report, or by means of Physician Health Alerts or Press Releases as appropriate.

Mortality Surveillance

- Expand reporting of influenza-associated deaths beyond the pediatric age group as needed based on the analysis of the current epidemiologic data and/or CDC case definitions.

All novel respiratory virus-related deaths shall be reported for all age groups.

- Provide mortality data to CDC as needed to help guide national response measures.
- Participate in national and international surveillance activities as indicated.

During pandemic situations, require all hospitals to provide discharge summaries, physician notes and any death summaries for pandemic related deaths.

Note-work with OVS to better get a handle on death reporting during outbreaks or pandemic situations.

SECTION 3.3

CRITERIA FOR ASSESSING AND REPORTING POSSIBLE PANDEMIC INFLUENZA OR OTHER NOVEL RESPIRATORY VIRUS CASES

DPHSS will develop and distribute to healthcare providers the current CDC/WHO recommendations for enhanced surveillance, case reporting, and laboratory testing. The criteria will be based on the current available information known about any novel respiratory virus. These criteria may need to be modified throughout the pandemic phases according to the circulating virus and the known epidemiology of the infection at that time. It is anticipated that individual case reporting will not be feasible once pandemic influenza or other novel respiratory virus has been confirmed on Guam. Surveillance during the pandemic period will focus on data collection mechanisms to assess morbidity and mortality. Select individual case investigations may need to be conducted to guide prevention and control recommendations.

Medical Provider Activities

Providers should question all patients who present to healthcare settings with criteria established by the CDC (e.g. for COVID-19, fever and respiratory symptoms and travel history and/or exposure to a known confirmed case).

Criteria for Assessing and Reporting a Possible Novel Influenza or Other Novel Respiratory Virus Case

Refer to current CDC guidelines for assessing clinical, epidemiologic and any other criteria and reporting cases to the local health department and CDC.

- During the Pandemic Alert Period healthcare providers should immediately report any patient meeting the surveillance and reporting criteria for novel influenza or other novel respiratory viruses to the **Territorial Epidemiologist** at:

24-hr hotline:

671.888.9276 (WARN) and/or dphss.surveillance@dphss.guam.gov

- If suspected cases of novel respiratory virus cases are identified, the Territorial Epidemiologist will immediately notify CDC via phone or email of novel influenza or other novel respiratory virus cases or persons under investigation (PUIs).
- As needed, and per CDRP, contact the CDC Career Epidemiology Field Officer (CEFO) for the region.

If unable to reach the Territorial Epidemiologist or designee, the following should be contacted in the following order:

Title	CONTACT INFORMATION		
	Work	Mobile	E-mail
Administrator, Bureau of Communicable Disease Control			
Administrator, Bureau of Family Health and Nursing Services			
CDC Coordinator III, Supervisor Epidemiology and Laboratory Capacity Program			
Chief Public Health Officer			
Director, Department of Public Health and Social Services			
(new) Emerging Infectious Disease Bureau Chief			

DPHSS Surveillance and Control Activities during Periods of Individual Case Reporting

- Receive reports from healthcare providers of potential human novel respiratory virus cases to determine if the patient meets the surveillance criteria using the DPHSS health surveillance form or current CDC PUI form, as appropriate (Attachment A).

- If the patient meets the surveillance and reporting criteria for a novel respiratory virus infection, review appropriate infection control precautions with healthcare facilities.
 - Respiratory hygiene and cough etiquette;
 - Airborne and droplet precautions when entering patient's room; and
 - Standard precautions to include gloves, gowns, masks and eye protection when indicated.

Home isolation may be employed early during a respiratory illness pandemic, as outlined in Chapter 4 Isolation and Quarantine Response Plan, to slow the spread of influenza or other novel respiratory virus in communities.

- Patients meeting the current surveillance case definition, or those with an influenza or other novel respiratory virus infection with an unusual clinical presentation should be interviewed using the DPHSS health surveillance form or current CDC PUI form, as appropriate to determine possible risk factors and mode of transmission. When indicated, use the Contact Record Form to identify close contacts (Attachment B).
- Assess case information to determine if there is increased likelihood of a novel respiratory virus infection:
 - **Interpandemic and Pandemic Alert Periods**
 - Direct contact with a case of suspected or confirmed human novel influenza or other novel respiratory virus.
 - Direct contact with, consumption of, or direct exposure to environmental contamination from feces of suspected animal source.
 - **Pandemic Period and No Documented Pandemic Influenza or other Novel Respiratory Virus in Guam**
 - Close contact in an affected area with an ill person and/or animals suspected or confirmed to have novel influenza or other novel respiratory virus infection.
 - Report immediately by telephone to the Territorial Epidemiologist or designee an ill person who meets the novel influenza or respiratory virus surveillance criteria based on the period of the pandemic.

PANDEMIC PHASES

WHO PHASE 1: INTERPANDEMIC PERIOD

- **United States Department of Agriculture-Animal Plant Health Inspection Services (USDA-APHIS)**
 - Embargo on importation of birds and unprocessed bird products from all countries with H5NI in domestic poultry for states and territories.
- **Guam Department of Agriculture (DoAg)**
 - The Territorial Veterinarian will, on a continuing basis, accumulate information relative to the presence of diseases in other countries, the mainland United States, and Guam, and shall activate the appropriate Emergency Response Level (ERL) to alleviate the threat.
 - Implementation of ERL I

ERL 1 will commence when an emerging animal disease or an emerging threat to animal agriculture, including threats that may affect human health, has been identified in the mainland United States, or Asian countries but has not been identified on Guam.

- **In the event of an ERL 1, the office of the Territorial Veterinarian may:**
 - Notify the Office of the Governor, DoAg Director, GHS/OCD Advisor and DPHSS Director of a potentially serious animal disease threat.
 - Notify appropriate industry groups and animal agriculture businesses of the presence of the emerging animal disease threat and request their support to keep infected and exposed animals or commodities out of the island.
 - Identify operational support needs and coordinate with GHS/OCD to provide operational and logistical support beyond DoAg resources.
 - As appropriate, impose animal movement restrictions by emergency order.
 - Notify the Federal Animal Health emergency response team and keep personnel apprised of any changing events.
 - Implement public information plan.
- **DPHSS**
 - Routine collection of morbidity data from healthcare providers, including military providers.

- Routine laboratory surveillance of ILI to determine circulating virus types.
- Weekly summary of syndromic surveillance data from acute care hospitals and sentinel sites.
- Territorial Epidemiologist will notify healthcare providers of the need for enhanced surveillance testing and reporting recommendations by means of the weekly surveillance report or by Physician Health Alerts and/or Press Releases, as appropriate.

- **Healthcare Settings**

- Infection Control Nurse or designee will compile the weekly summary of syndromic surveillance data from the hospital ER patient log and submit to the Territorial Epidemiologist or designee.
- Microbiology Department will log all influenza test results done per normal lab protocol and monitored for any significant increase in cases. The microbiologist on duty will report significant changes to the Infection Control Nurse.
- Infection Control Nurse will do a weekly review of medical records of patients discharged from the hospital with documentation of pneumonia.
- Pandemic Influenza Multi-disciplinary Planning Committee will periodically review and revise the ***Pandemic Plan*** as appropriate.

- **CQA**

- Routine examination of documents for imported poultry from the United States.
- Routine inspection by CQA at ports of entry (GIAA and PAG).
- Routine surveillance for ill passengers and prompt notification of the DPHSS as per CDRPs for ports of entry or current CDC guidelines.

- **Airlines**

- Direct surveillance of passengers for obvious symptoms of influenza. For this purpose the signs and symptoms may be as follows:
 - A temperature of $\geq 38^{\circ}\text{C}$ (100°F) or greater, accompanied by one of the following: cough, sore throat, body aches and vomiting.

WHO PHASE 2: INTER PANDEMIC PERIOD

- **USDA-APHIS**

- Continue embargo on importation of birds and unprocessed bird products from all countries with H5NI in domestic poultry for states and territories.

- **Guam DoAg**

- Implementation of ERL 2 will commence when an emerging disease has been confirmed, or a highly likely case has been discovered on Guam, or exposed animals have been imported into the island.
- In the event ERL 2 is activated, the Office of the Territorial Veterinarian will :
 - Accomplish objectives as listed for ERL 1
 - Notify response agencies and groups under Section V of the Guam Agriculture Emergency Response Plan that were not notified under ERL 1. These may include: DOA, GSA, AG, GPD; the UOG Cooperative Extension Service, and volunteer and industry group as appropriate.
- Request disease control assistance from the USDA-APHIS, Emergency Response Staff, and request activation of a disease control task force.
- As appropriate declare an animal disease emergency and coordinate with GHS/OCD to request an emergency proclamation by the Governor.

- **DPHSS**

- Routine collection of morbidity data from healthcare providers.
- Weekly summary of syndromic surveillance data from healthcare settings.
- Routine laboratory surveillance of ILI.
- Coordinate with the DPHSS Education and Community Health Outreach (ECHO) to provide education and recommendations to healthcare facilities, healthcare providers, and the general public regarding the prevention, detection, and control of influenza or other novel respiratory viruses.
- Territorial Epidemiologist will notify healthcare providers of the need for enhanced surveillance testing and reporting recommendations by means of the weekly surveillance report or by Physician Health Alerts and/or Press Releases, as appropriate.

- **Healthcare Settings**

- Infection Control Nurse or designee will compile the weekly summary of syndromic surveillance data from the hospital ER patient log and submit to the Territorial Epidemiologist or designee.
- Microbiology Department will continue to log all influenza test results done per normal lab protocol and monitor for any significant increase in cases. The microbiologist on duty will report significant changes to the Infection Control Nurse.
- Infection Control Nurse will do a weekly review of medical records of patients discharged from the hospital with documentation of pneumonia.
- Pandemic Influenza Multi-disciplinary Planning Committee will periodically review and revise the *Surveillance Plan* as appropriate.

- **CQA**

- Routine examination of documents for imported poultry.
- Routine surveillance for ill passengers (questions are asked before passengers disembark).
- Routine inspection by CQA staff at the ports of entry (GIAA and PAG).

- **Airlines**

- Direct surveillance of passengers for obvious symptoms of influenza.

WHO PHASE 3: PANDEMIC ALERT PERIOD

- **USDA-APHIS**

- Continue embargo on importation of birds and unprocessed bird products from all countries with H5NI in domestic poultry for states and territories.

- **Guam DoAg**

- Continue enhanced surveillance on migrating waterfowl. Inspection of dead birds found throughout the island.
- Continue implementation of ERL 1 and ERL 2.

- Request continued disease control assistance from the USDA-APHIS, Emergency Response Staff, and request activation of a disease control task force.

- **DPHSS**

- Continue routine collection of morbidity data.
- Weekly summary of syndromic surveillance data from healthcare settings.
- Coordinate with CQA and airlines to provide current health information to travelers who visit countries where influenza strains or novel respiratory viruses that can infect humans (e.g. COVID-19) with pandemic potential have been reported.
- May initiate airport arrival visual screening, distribution of health alert notices and collection of Health Surveillance forms (Attachment C), as per CDC guidance.
- Activation of DPHSS Public Health Response Team (PHRT) at GIAA or PAG if passenger/crew meet criteria for suspect novel influenza or other novel respiratory virus
- Continue coordination with ECHO to provide education and recommendations to healthcare facilities, healthcare providers, and the general public regarding the prevention, detection, and control of influenza and novel respiratory viruses.
- Territorial Epidemiologist will notify healthcare providers of the need for enhanced surveillance testing and reporting recommendations by means of the weekly surveillance report or by Physician Health Alerts and/or Press Releases, as appropriate.
- Continue routine laboratory surveillance for ILI.

- **Healthcare Settings**

- Infection Control Nurse or designee will compile the weekly summary of syndromic surveillance data from the hospital ER patient log and submit to the Territorial Epidemiologist or designee
- Microbiology Department will continue to log all influenza test results done per normal lab protocol and monitor for any significant increase in cases. The microbiologist on duty will report significant changes to the Infection Control Nurse.

- Infection Control Nurse will continue weekly review of patients discharged from hospital with medical records documentation of pneumonia.
- Pandemic Influenza Multi-disciplinary Planning Committee will periodically review and revise the *Surveillance Plan* as appropriate.
- **CQA**
 - Continue surveillance activities from previous Phases.
- **Airlines**
 - Pilot-in-command and flight crew to immediately report ill passenger(s) or crew members suspected of having communicable diseases to the GIAA Control Tower.
 - Make an initial assessment of the situation and communicate pertinent information to the GIAA Control Tower.
 - Refer to their respective Medical Consultants ill domestic and international travelers who do not meet Foreign Quarantine regulations “ill” clinical criteria.
 - GIAA Control Tower upon notification of the pilot-in-command of an “ill” passenger or crew is responsible for informing the CQA.
 - If patient meets the criteria of a *Suspect Avian Influenza*:
 - CQA will call DPHSS Bureau of Communicable Disease Control (BCDC) Administrator or designee at Warn Line at 888-9276.
 - BCDC Administrator will activate the DPHSS ERT by calling 888-0321.
 - ERT will respond within 30 minutes of notification by CQA.
 - Upon the recommendation of the ERT and the Medical Advisor, the DPHSS Director or designee may enforce isolation and quarantine control measures as deemed appropriate.
 - Institute Health Surveillance Form for all incoming passengers (air and sea) and crew, as recommended by DPHSS ERT and CQA (Attachment C).

WHO PHASE 4: PANDEMIC ALERT PERIOD

- **USDA-APHIS**

- Continue embargo on importation of birds and unprocessed bird products from all countries with H5NI in domestic poultry for states and territories.

- **Guam DoAg**

- Continue enhanced surveillance on migrating waterfowl. Inspection of dead birds found throughout the island.
- Continue implementation of ERL 1 and ERL 2.
- Request continued disease control assistance from the USDA-APHIS, Emergency Response Staff, and request activation of a disease control task force.

- **DPHSS**

- Continue routine collection of morbidity data from healthcare providers.
- Weekly summary of syndromic surveillance data from healthcare settings.
- As needed, ensure enhanced reporting of surveillance data to Territorial Epidemiologist or designee by assigning personnel to assist in the daily collection and review of case or absentee data from:
 - Schools
 - Childcare Centers and Pre-Schools
 - Private clinics of their healthcare workers
 - Government of Guam departments and agencies
 - Facilities catering to senior citizens population (Senior Citizen Centers, Adult Day Care, St. Dominic's, etc.).
 - Front line employees of high risk groups (i.e., airline employees,
 - CQA, U.S. Customs and Border Protection (CBP), flight crews).
- Inform physicians of procedures and begin laboratory testing for suspect local cases meeting CDC/WHO case definition.

- Continue to coordinate with CQA to enhance surveillance at ports of entry including investigation of illness among travelers returning from affected areas and implementing isolation and quarantine measures as needed per CDRP.
- Continue routine laboratory surveillance for ILI.
- DPHSS Director or designee shall convene a meeting with key government and non-government stakeholders and partners to discuss enhanced surveillance and possible containment measures.

- **Healthcare Settings**

- Infection Control Nurse will do daily review of patients admitted to the hospital with the diagnosis of pneumonia and other severe respiratory complications.
- Microbiology Department will log all influenza test results done per normal lab protocol and monitor for any significant increase in cases. The microbiologist on duty will report significant changes to the Infection Control Nurse.
- Infection Control Nurse will review log kept by Microbiology, of patients meeting the criteria for avian influenza A testing (see *Criteria for Testing for Avian Influenza A (H5N1)*, Attachment 5).
- Cases meeting the case definition for testing shall be reported by the clinician as a suspect Class I disease within 24 hours (See Reporting to DPHSS of Suspected / Actual Cases, See Attachment 16).
- Infection Control Nurse will do daily review of GMHA-ER log for influenza and ILI at this phase under the *Clinical Guidelines Plan*. Total number of cases will be reported by Infection Control to the Territorial Epidemiologist or designee for surveillance purposes.
- Infection Control Nurse will work with the Territorial Epidemiologist or designee to be added to the Health Alert Network (HAN). The notification system shall take place as follows:
 - When a HAN fax arrives during regular hours, the Infection Control Department immediately notifies the Medical Director's office and confirms that he or she has received it.
 - When a HAN fax arrives during off-hours, the Communication Center shall immediately notify the Medical Director and confirms that he or she has received it. The Medical Director contacts the Administrator to alert him when appropriate.

- MIS shall send out an automatic alert in the sign-in set up to inform all departments regarding heightened surveillance levels, encouraging consistent reporting of cases to the Infection Control Department will also be encouraged.
- Infection Control will review Employee Health log of employees screened for Epidemiological Criteria (*see GMHA Employee Health Plan.*)
- Pandemic Influenza Multi-disciplinary Planning Committee will periodically review and revise the *Surveillance Plan* as needed.
- **CQA**
 - Continue surveillance activities from previous Phases.
- **Airlines**
 - Continue surveillance activities from previous Phases.

WHO PHASE 5: PANDEMIC ALERT PERIOD

- **USDA-APHIS**
 - Continue embargo on importation of birds and unprocessed bird products from all countries with H5NI in domestic poultry for states and territories.
- **Guam DoAg**
 - Continue enhanced surveillance on migrating waterfowl. Inspection of dead birds found throughout the island.
 - Continue implementation of ERL 1 and ERL 2.
 - Request continued disease control assistance from the USDA-APHIS, Emergency Response Staff, and request activation of a disease control task force.
- **DPHSS**
 - Continue to collect individual case reports of influenza and other novel respiratory viruses from healthcare providers.
 - Continue to inform physicians of procedures and continue laboratory testing for suspect local cases meeting CDC/WHO case definition.

- Continue enhanced surveillance through the daily collection and review of absenteeism data from:
 - Schools
 - Childcare Centers and Pre-Schools
 - Private clinics of their healthcare workers
 - Government of Guam departments and agencies
 - Facilities catering to senior citizens population (Senior Citizen Centers, Adult Day Care, St. Dominic's, etc.)
 - Front line employees of high risk groups (i.e., airline employees, CQA, CBP, flight crews)
- Continue enhanced surveillance at ports of entry in coordination with CQA.
- Intensified laboratory surveillance of ILI, particularly for those with history of travel.

- **Healthcare Settings**

- Infection Control Nurse will continue daily review of patients admitted to the hospital with a diagnosis of pneumonia and other severe respiratory complications.
- Microbiology Department will log all routine influenza test results done per normal lab protocol and monitor for any significant increase in cases. The microbiologist on duty will report significant changes to the Infection Control Nurse.
- Infection Control Nurse will continue to review log kept by Microbiology, of patients meeting the criteria for Avian Influenza A testing. See *Criteria for Testing for Avian Influenza A (H5N1)*, See Attachment 5.
 - Cases meeting the case definition for testing shall be reported by the clinician as a suspect Class I disease within 24 hours (See *Reporting to DPHSS of Suspected / Actual Cases*, See Attachment 16).
- Infection Control Nurse will continue to review the GMHA-ER log for influenza and ILI. Total number of cases will be reported by Infection Control to the Territorial Epidemiologist or designee for Surveillance purposes.

- MIS will continue daily monitoring of the following areas:
 - Numbers of individuals treated for influenza.
 - Numbers of employees treated for influenza.
 - Numbers of all hospital admissions for influenza.
- MIS shall send out an automatic alert in the sign-in set up to inform all departments regarding heightened surveillance levels. Consistent reporting of cases to the Infection Control Department will also be encouraged.
- Infection Control will review Employee Health Log of employees screened for Epidemiological Criteria (see *Employee Health Plan.*). Infection Control will report cases to the Territorial Epidemiologist or designee.
- Infection Control Nurse will continue to monitor the HAN. The notification system shall take place as outlined in Phase 4.
 - When a HAN fax arrives during regular hours, the Infection Control Department immediately notifies the Medical Director's office and confirms that he or she has received it.
 - When a HAN fax arrives during off-hours, the Communication Center shall immediately notify the Medical Director and confirms that he or she has received it. The Medical Director contacts the Administrator to alert him when appropriate.
 - Infection Control will update this notification system as needed.
- Pandemic Influenza Multi-disciplinary Planning Committee will periodically review and revise the *Surveillance Plan* as needed.
- **CQA**
 - Continue surveillance activities from previous Phases.
- **Airlines**
 - Continue surveillance activities from previous Phases.

WHO PHASE 6: PANDEMIC PHASE

- **USDA-APHIS**

- Continue embargo on importation of birds and unprocessed bird products from all countries with H5NI in domestic poultry for states and territories.

- **Guam DoAg**

- Continue enhanced surveillance in migrating waterfowl. Inspection of dead birds found throughout the island.
- Continue implementation of ERL 1 and ERL 2.
- Request continued disease control assistance from the USDA-APHIS, Emergency Response Staff, and request activation of a disease control task force.

- **DPHSS**

- Continue enhanced surveillance activities, collection and review of data from healthcare providers.
- Daily review of syndromic surveillance data from healthcare settings by the Territorial Epidemiologist.
- Healthcare providers may be asked to report case of pandemic influenza or other novel respiratory viruses with an unusual clinical presentation.
- Closely monitor data from CDC/WHO regarding the cases of pandemic influenza or other novel respiratory viruses in the other countries as well as tracking disease spread.
- OVS begins to report influenza or other novel respiratory virus deaths.
- Using CDC/WHO definition of the pandemic illness, make it a reportable disease.
- Continue to inform physicians of procedures and continue laboratory testing for suspect local cases meeting CDC/WHO case definition.
- In coordination with CQA, initiate airport surveillance for fevers and/or respiratory illnesses and/or relevant travel history and distribute “yellow arrival advisories” (based on the most current CDC guidance) to passengers on flights from affected countries with direct flights to Guam.

- Continue enhanced surveillance through the daily collection and review of absenteeism data from:
 - Schools
 - Childcare Centers and Pre-Schools
 - Private clinics of their healthcare workers
 - Government of Guam departments and agencies
 - Facilities catering to senior citizens population (Senior Citizen Centers, Adult Day Care, St. Dominic's, etc.).
 - Front line employees of high risk groups (i.e., airline employees, CQA, CBP, flight crews).
 - Investigate initial cases and outbreaks and implement interventions to decrease spread of disease.
 - Most lab testing discontinued when local transmission is confirmed.
 - Initiate "crowd avoidance" advisories and discourage gatherings with possible closure of schools, etc. Trigger points: ≥ 2 standard deviations in healthcare settings ILI data, and absenteeism data.
 - In coordination with the DPHSS Public Information Officer (PIO) and JIC, issuance of advisory on voluntary home isolation of sick persons and encouraging employers/supervisors to send ill employees home.
 - In coordination with CQA, continue intensified joint airport surveillance for fevers and/or respiratory illnesses and/or relevant travel history, and distribution of "yellow arrival advisories".
 - Continue to enhance surveillance to detect further pandemic waves.

- **Healthcare Settings**

- Infection Control Nurse will continue daily review of patients admitted to the hospital with a diagnosis of pneumonia and other severe respiratory complications.
- During widespread pandemic influenza activity, hospitalization data will be the primary surveillance method used to assess severity of illness.

- Microbiology Department will log all influenza test results done per normal lab protocol and monitor for any significant changes in the number of cases. The microbiologist on duty will report significant changes to the Infection Control Nurse.

NOTE: Routine laboratory confirmation of clinical diagnosis will be unnecessary as pandemic activity becomes widespread in the community. Therefore surveillance activities related to positive influenza tests may be stopped.

- Infection Control Nurse will review log kept by Microbiology of patients meeting the criteria for Avian Influenza A testing (See *Criteria for Testing for Avian Influenza A (H5N1)*, Attachment 5).
- Cases meeting the case definition for testing shall be reported by the clinician as a suspect Class I Disease within 24 hours (See *Reporting to DPHSS of Suspected / Actual Cases*, Attachment 16).
- Infection Control Nurse will continue to review the GMHA-ER log on ILI. Total number of cases will be reported by the Infection Control Department to the Territorial Epidemiologist for surveillance purposes.
- MIS will continue daily electronic monitoring of the following areas:
 - Numbers of individuals treated for influenza.
 - Numbers of employees treated for influenza.
 - Numbers of all hospital admissions for influenza.
- MIS shall send out an automatic alert in the sign-in set up to inform all departments regarding heightened surveillance levels encouraging consistent reporting of cases to the Infection Control Department will also be encouraged.
- Infection Control will review Employee Health Log of employees screened for Epidemiological Criteria (see *Employee Health Plan.*). The Infection Control Department will report cases to the Territorial Epidemiologist.
- Infection Control Nurse will continue to monitor the HAN for significant changes.
- Pandemic Influenza Multi-disciplinary Planning Committee will periodically review and revise the *Surveillance Plan* as needed.
- Infection Control Nurse will continue hospital surveillance for pandemic influenza in incoming and already admitted patients.

- **CQA**
 - Continue enhanced surveillance activities from previous Phases.
- **Airlines**
 - Continue enhanced surveillance activities from previous Phases.

WHO POST PANDEMIC PERIOD

- **USDA-APHIS**
 - Revert to inter pandemic surveillance and control activities.
- **Guam DoAg**
 - Revert to inter pandemic surveillance and control activities.
- **DPHSS**
 - Revert to inter pandemic surveillance and control activities.
- **Healthcare Settings**
 - Infection Control Nurse will continue surveillance activity in anticipation of a second-wave of influenza cases.
 - MIS will gather electronic numbers and reports to the Infection Control Nurse and Territorial Epidemiologist for the following:
 - Total number of patients treated for influenza.
 - Total number of employees treated for influenza.
 - Total numbers of all mortality cases from influenza and/or complications of influenza.
 - Total numbers of all hospital admissions for influenza.
 - Pandemic Influenza Multi-disciplinary Committee in conjunction with the Executive Management Council shall conduct an evaluation of how the surveillance plan worked.
 - Repeat Phases 4-6 as appropriate.

- **CQA**

- Revert to inter pandemic surveillance and control activities.

- **Airlines**

- Revert to inter pandemic surveillance and control activities.

DRAFT